

# ADVISORY COMMITTEE APPLICATION FOR BOARD

Attachment # 21  
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It is the applicant's responsibility to keep the information on this form current.  
To advise the County of any changes please contact Christine Coble  
by telephone at 606-5300 or by e-mail at CobleC@leoncountyfl.gov  
Applications will be discarded if no appointment is made after two years.



Name: Don Abel		Date: 9/16/2010
Home Phone: 509-4390	Work Phone: 576-4990	Email: <u>dabel76@yahoo.com</u>
Occupation: Creative Svcs Director	Employer: WTLH FOX 49 TV	
Please check box for preferred mailing address. Work Address:  City/State/Zip:		
<input checked="" type="checkbox"/> Home Address: 1408 Devonshire Ct  City/State/Zip: Tallahassee, FL 32317		
Do you live in Leon County? <input checked="" type="checkbox"/> Yes No If yes, do you live within the City limits? Yes <input checked="" type="checkbox"/> No Do you own property in Leon County? <input checked="" type="checkbox"/> Yes No If yes, is it located within the City limits? Yes <input checked="" type="checkbox"/> No For how many years have you lived in and/or owned property in Leon County? <u>31/22</u> years		
Are you interested in serving on any specific Committee(s)? If yes, please indicate your preference  1st Choice: <u>JR Alford Greenway Citizen's Advisory Committee</u> 2nd Choice:		
If not interested in any specific Committee(s), are you interested in a specific subject matter? If yes, please check those areas in which you are interested, or describe other areas not listed:  Culture and Arts <input checked="" type="checkbox"/> Environmental/ Growth Management ___ Health Care ___ Human Relations ___ Human Services ___ Housing ___ Library Services ___ Other Areas _____		
Have you served on any previous Leon County committees? <input checked="" type="checkbox"/> Yes No If Yes, on what Committee(s) have you served? <u>Alford Greenway Citizen's Advisory Comm. (pre-opening)</u>		
How many days per month would you be willing to commit for Committee work? 1 <input checked="" type="checkbox"/> 2 to 3 4 or more And for how many months would you be willing to commit that amount of time? 2 <input checked="" type="checkbox"/> 3 to 5 6 or more What time of day would be best for you to attend Committee meetings? Day <input checked="" type="checkbox"/> Night		
(OPTIONAL) Leon County strives to meet its goals, and those contained in various federal and state laws, of maintaining a membership in its Advisory Committees that reflects the diversity of the community. Although strictly optional for Applicant, the following information is needed to meet reporting requirements and attain those goals. Race: <input checked="" type="checkbox"/> Caucasian African American Hispanic Asian Other Sex: <input checked="" type="checkbox"/> Male Female Age: _____ Disabled? Yes XNo District <u>5</u>		
Persons needing a special accommodation to participate in an Advisory Committee should contact Christine Coble by telephone at 606-5300 or e-mail at CobleC@leoncountyfl.gov		

In the space below briefly describe or list the following: any previous experience on other Committees; your educational background; your skills and experience you could contribute to a Committee; any of your professional licenses and/or designations and indicate how long you have held them and whether they are effective in Leon County; any charitable or community activities in which you participate; and reasons for your choice of the Committee indicated on this Application. Please attach your resume, if one is available.

Served on original JR Alford Greenway Citizen's Advisory Committee, served on Media Subcommittee of United Way of Big Bend, also for station liason-Media Sponsor for Larry Campbell Refuge House Golf Challenge and GWTC Tallahassee Turkey Trot. Volunteer at Turkey Trot since 2004.

Local resident/homeowner in Avondale subdivision since 1997, wife and I are frequent users of hiking trails at JR Alford Greenway and Piney-Z area and enjoy outdoors and want to preserve it for future generations.

References (you must provide at least one personal reference who is not a family member):

Name: David Yon Telephone: 850-425-6671

Address: Radey Thomas Yon & Clark, P.A.  
Suite 200, 301 S. Bronough St. Tallahassee, Fl. 32301

Name: John Schmidt Telephone: 656-2429

Address: 1402 Devonshire Ct, Tallahassee, FL 32317

**IMPORTANT LEGAL REQUIREMENTS FOR ADVISORY COMMITTEE MEMBERSHIP**

AS A MEMBER OF AN ADVISORY COMMITTEE, YOU WILL BE OBLIGATED TO FOLLOW ANY APPLICABLE LAWS REGARDING GOVERNMENT-IN-THE-SUNSHINE, CODE OF ETHICS FOR PUBLIC OFFICERS, AND PUBLIC RECORDS DISCLOSURE. THE CONSEQUENCES OF VIOLATING THESE APPLICABLE LAWS INCLUDE CRIMINAL PENALTIES, CIVIL FINES, AND THE VOIDING OF ANY COMMITTEE ACTION AND OF ANY SUBSEQUENT ACTION BY THE BOARD OF COUNTY COMMISSIONERS. IN ORDER TO BE FAMILIAR WITH THESE LAWS AND TO ASSIST YOU IN ANSWERING THE FOLLOWING QUESTIONS, YOU MUST COMPLETE THE ORIENTATION PUBLICATION [www.leoncountyfl.gov/bcc/committees/training.asp](http://www.leoncountyfl.gov/bcc/committees/training.asp) BEFORE YOUR APPLICATION IS DEEMED COMPLETE.

Have you completed the Orientation?  Yes  No  
Are you willing to complete a financial disclosure form and/or a background check, if applicable?  Yes  No  
Will you be receiving any compensation that is expected to influence your vote, action, or participation on a Committee? Yes  No  If yes, from whom? \_\_\_\_\_  
Do you anticipate that you would be a stakeholder with regard to your participation on a Committee? Yes  No   
Do you know of any circumstances that would result in you having to abstain from voting on a Committee due to voting conflicts? Yes  No  If yes, please explain \_\_\_\_\_  
Do you or your employer, or your spouse or child or their employers, do business with Leon County?  Yes  No  
If yes, please explain Very infrequently with Sheriff's Dept. in advertising public service campaigns. My wife also works for State Of Florida . DOR, Child Support Enforcement, but has no direct contact with LCSO.

Do you have any employment or contractual relationship with Leon County that would create a continuing or frequently recurring conflict with regard to your participation on a Committee? Yes  No   
If yes, please explain \_\_\_\_\_

All statements and information provided in this application are true to the best of my knowledge.

Signature: 